

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 573964

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	C	C				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
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47						
48						
49						
50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	21	↔		↔	↔	
TOTAL CLAIMS	23	[REDACTED]		[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		↔		↔	↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	